



TOWN OF HOLDEN

Board of Health

1196 Main Street, Holden, MA 01520
Phone 508-210-5538 Fax 508-829-0252

Proposed Use:

Domestic _____

Irrigation _____

NOTE:

PLEASE SUBMIT ONE SET OF
PLANS INDICATING LOCATION OF
WELL WITH APPLICATION.

Fee: \$ 100.00 (due with application)

Expires 90 Days from Date of Issue

(Make check payable to Town of Holden, DOGM)

APPLICATION FOR ABANDONMENT OF PRIVATE OR SEMI-PUBLIC WATER SUPPLY

Application Date: _____

Permission is granted to _____
(Name of Contractor)

_____, _____, _____
Street Address City /Town State Telephone #

to abandon a well on the property owned by: _____
Land Owner's Name

and located at _____
Number and Street Telephone

in accordance with the regulations of the Holden Board of Health and as located on the
plan on file with the Board of Health.

A copy of the State required report of the results of the well abandonment must also be
filed with the Board of Health.

This permit remains in effect for a period of 90 days from the date of issue, unless
extended by the local Board of Health or its Agent. This permit must be placed in a
conspicuous location on the premises during abandonment.

Well Drillers Signature

Signature of Health Agent

Well Drillers License No.

FOR OFFICE USE ONLY

Issued: _____

Expires: _____

INSPECTION REPORT:

Date: _____

Inspector: _____

Approved: () Disapproved: ()